FORM D



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U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB NUMBER: 3235-0076 Expires: May 31, 2005

Estimated average burden hours per response . . 16.00

SEC USE ONLY						
Prefix	1	Serial				
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	1	ī				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)									
WEST END CASH LIQUIDITY FUND	I, L.P.								
Filing Under (Check box(es) that apply):	Rule 504	Rule 505		Section 4(6)	ULOE				
Type of Filing: New Filing	Amendment Amendment								
	A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about the	ie issuer				St. 2 4 / 2007 /				
Name of Issuer (check if this is an ame	ndment and name has	changed, and indica	te change.)	-	/5/				
WEST END CASH LIQUIDITY FUND	I, L.P.				<u>,</u>				
Address of Executive Offices		•	(Number an	d Street, City, State, Zip					
c/o West End Financial Advisors LLC, 10	Mitchell Place, Whit	e Plains, New York,	NY 10601		(Including Area Code) (914) 683-3970				
Address of Principal Business Operations			(Number an	d Street, City, State, Zip					
(if different from Executive Offices)	•	_	AMECSET		(Including Area Code)				
		PP	UULT	•					
same		. 8	OCESSED	· · · · · · · · · · · · · · · · · · ·	same				
Brief Description of Business		S	EP 2 2 2009	E					
Securities Investment	•	_	THUIVIOUN						
Type of Business Organization			FINAMONE						
corporation	Ilimited partners	hip, already formed	ot 🔲 ot	her (please specify):	÷				
business trust	limited partners	nip, to be formed		•					
		Month Year	···						
Actual or Estimated Date of Incorporation of	or Organization:	[0 7] [0 3]		Actual	Estimated				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [D][E] CN for Canada: FN for other foreign jurisdiction)									

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



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		A. BASIC IDE	NTIFICATION DATA		· · · · · · · · · · · · · · · · · · ·
2. Enter the informa	ation requested for the	following:			
	•	the issuer has been organized w	ithin the nact five years:		
•		,			
• Each ben	eficial owner having the	ne power to vote or dispose, or	direct the vote or disposition of, 1	0% or more of a class of	equity securities of the issue
• Each exe	cutive officer and dire	ctor of corporate issuers and of	corporate general and managing	partners of partnership iss	uers; and
• Each can	aral and managing nor	tner of partnership issuers.			
Each gen	erai and managing par	ulei of partifership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General Partner
Full Name (Last name first, i	if individual)				
West End Financial Advisors	IIC				
Business or Residence Addre		et, City, State, Zip Code)			
10 Mitchell Place, White Pla	ains New York NV 1	0601			
Check Box(es) that Apply:	Promoter	Principal Principal	Sole Member	Director	Managing Membe
Full Name (Last name first, i	f individual)				
Landberg, William					
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
c/o West End Financial Adv	isors IIC 10 Mitchel	l Place, White Plains, New Yo	rk NV 10601		
Check Box(es) that Apply:	Promoter	Principal	Executive Officer	Director	General and/or
E. W.N	6'. 1'.:11				Managing Partner
Full Name (Last name first, i	i individuai)			•	
Beller, Robert	0.1 1.0	. 6: 0: 0: 0: 1			
Business or Residence Addre					7
		Place, White Plains, New Yor			
Check Box(es) that Apply:	Promoter	Principal	Executive Officer	Managing Director	General and/or Managing Partner
Full Name (Last name first, in	f individual)				
Cronson, Don					
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
c/o West End Financial Advi	sors LLC, 10 Mitchell	Place, White Plains, New Yor	k. NY 10601	,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
E HAT G	0' P 1 A				Managing Partner
Full Name (Last name first, it	individual)				•
	01 1 15				·
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Principal	Director	General and/or Managing Partner
·					3 3
Full Name (Last name first, if	individual)				

					В. І	NFORM	ATION	ABOUT	OFFE	RING				
1.	Has the	issuer solo	I, or does th	e issuer int	end to sell,	to non-accr	edited inve	stors in this	offering?.					Yes No
Answer also in Appendix, Column 2, if filing under ULOE.														
2.	What is the minimum investment that will be accepted from any individual? *Minimum may be modified or waived at the sole discretion of General Partner *S250.0									*\$ <u>250,000</u>				
3.	Yes 1									Yes No ⊠ □				
4.													nilar remune	
••	solicitat dealer re	ion of purc egistered w	hasers in co with the SEC	onnection v and/or wit	vith sales of th a state or	f securities i	n the offeri the name of	ing. If a per f the broker	rson to be li or dealer.	isted is an a If more tha	ssociated p	erson or age	ent of a brok listed are as NONE	er or
Full Nan			individual)		,					, .	i			
Business	or Reside	nce Addres	ss (Number	and Street,	City, State	, Zip Code)								
Name of	Associated	d Broker o	r Dealer											
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S							
(Check			individual											All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] . [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nan			individual)		[]	[]	<u> </u>		<u> </u>				[]	
Business	or Resider	nce Addres	s (Number	and Street,	City, State,	Zip Code)					,	-		-
Name of	Associated	Broker or	Dealer											
														•
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchasers	3							
(Check														All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [TV]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	•
Full Nam			individual)											i
	~		,											
Business	or Residen	ice Addres	s (Number a	and Street,	City, State,	Zip Code)			,					
			<u> </u>										· · · · · · · · · · · · · · · · · · ·	
Name of Associated Broker or Dealer														
States in	Which Per	son Listed	Has Solicite	ed or Inten	ls to Solicit	Purchasers								
(Check	"All States"	" or check	individual S	States)			···········	••••••						All States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEL	<u>)S</u>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box \(\square\) and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.	A	A
	Type of Security	Aggregate Offering Price	Amount Already Sold
•	Debt	\$	\$
	Equity	¢	\$
	☐ Common ☐ Preferred	Φ	Ψ
		Φ.	Φ.
	Convertible Securities (including warrants)	_	\$
	Partnership Interests	\$	\$
	Limited Partnership Interests*	\$250,000,000	\$ <u>1,350.000</u>
	Total*	\$250,000,000	\$ <u>1,350,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer		
	is "none" or "zero."		A garagata
	is none of zero.	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	9	\$1,350,000
	Non-accredited Investors	·	\$n/a
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		Ψ
	Answer also in Appendix, Column 4, it thing under OLOC.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		_ i
	Towns of effective	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		\$
	Regulation A	-	\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of		
	the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·
	Transfer Agent's Fees		e 0
	•		\$0
	Printing and Engraving Costs		\$
	Legal Fees	⊠	\$ <u>30,000</u>
	Accounting Fees	⊠	\$ 3,000
	Engineering Fees		\$ 0
	Sales Commissions (specify finders' fees separately)		\$ 0
	Other Expenses (identify) Miscellaneous (blue sky fees, duplicating, etc.)		·
			\$ 2,000
	Total	⊠	\$_35,000

^{*} This is a continuous offering. This amount is included as an estimate only.

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
b. Enter the difference between the aggregate Question 1 and total expenses furnished in res difference is the "adjusted gross proceeds to the state of the state	sponse to Part C – Question 4.a. This he issuer."		*\$ <u>249,965,000</u>
be used for each of the purposes shown. If the furnish an estimate and check the box to the lested must equal the adjusted gross proceeds a Question 4.b above.	e amount for any purpose is not known, eft of the estimate. The total of the payments		
		Payments to	
		Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ \$	□ \$
			S
	machinery and equipment		□ \$
	facilities	□ \$	\$
Acquisition of other businesses (including the that may be used in exchange for the assets or	value of securities involved in this offering securities of another issuer pursuant to a	□\$	····□ \$ ·············
Renayment of indebtedness			□ \$
			□ \$
Other (specify): to be used as described in Issu		\$	\$
		□ \$	∑ <u>\$249,965,000</u> *
			⊠ <u>\$249,965,000</u> *
Total Payments Listed (column totals added)		⊠ \$ <u>24</u>	9,965,000*
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the is of its staff, the information furnished by the issuer to an	ssuer to furnish to the U.S. Securities and Exch	ange Commission,	upon written reques
Issuer (Print or Type)	Signature	Date	1
WEST END CASH LIQUIDITY FUND I, L.P.	Mille belly	2	25/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
William Landberg	Managing Member of West End Financial Ad	visors, LLC, Gener	al Partner

See asterisked comment on p.4.